

## 510 PRIMARY CARE PROVIDERS

REVISION DATE: XX/XX/XXXX

EFFECTIVE DATE: October 1, 2019

REFERENCES: A.R.S. § 36-2901; A.R.S. Title 32, Chapter 13 or Chapter 17;  
A.R.S. Title 32, Chapter 25; A.R.S. Title 32, Chapter 15, 42 CFR  
457.1230(c), 42 CFR 438.208(b)(1).

### PURPOSE

This policy establishes requirements regarding Primary Care  
Providers participating in Arizona Health Care Cost Containment  
System (AHCCCS) programs. This policy applies to the ~~Division's~~  
Administrative Services Subcontractors (AdSS).

### DEFINITIONS

1. "Business Days" means Monday, Tuesday, Wednesday,  
Thursday, or Friday unless a legal holiday falls on Monday,  
Tuesday, Wednesday, Thursday, or Friday.
2. "Early and Periodic Screening, Diagnostic and Treatment"  
or "EPSDT)" means a comprehensive child health program  
of prevention, treatment, correction, and improvement of

physical and behavioral health conditions for AHCCCS

members under the age of 21. EPSDT services include:

a. Screening services,

b. Vision services,

c. Dental services,

d. Hearing services, and

e. All other medically necessary mandatory and

optional services listed in Federal Law 42 U.S.C.

1396d(a) to correct or ameliorate defects and

physical and mental illnesses and conditions

identified in an EPSDT screening whether or not the

services are covered under the AHCCCS State Plan.

Limitations and exclusions, other than the

requirement for medical necessity and cost

effectiveness, do not apply to EPSDT services.

3.—“In Network Provider” means an individual or entity which has

signed a provider agreement as specified in A.R.S. § 36-2904

and is authorized through a subcontract with an AHCCCS

Contractor to provide services as specified in A.R.S. § 36-2901 et seq. for members enrolled with the Contractor.

4. "Medication Assisted Treatment (MAT)" means the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders and can help some people to sustain recovery.

3.5. "Non-Contracting Provider" means an individual or entity that provides services as prescribed in A.R.S. § 36-2901 who does not have a subcontract with an AHCCCS Contractor.

6. "Member" means an individual who is receiving services from the Division of Developmental Disabilities (Division).

7. "Primary Care Provider" or ("PCP)" means an individual who meets the requirements of A.R.S. § 36-2901 and who is responsible for the management of the member's health care.

PCPs include:

- a. A person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17.
- b. A practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or
- c. A certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.
- d. ~~A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.~~
8. "Resident Physician" means doctors who have graduated from medical school and are completing their residency in a specialty.

4.9. "Teaching Physician" means a physician other than another Resident Physician who involves residents in the care of his or her patients.

## **POLICY**

### **A. PRIMARY CARE PROVIDER AND RESPONSIBILITIES ~~Primary Care~~ ~~Provider Role and Responsibilities~~**

~~The primary responsibilities of Primary Care Provider (PCP) include, but are not be limited to:~~

#### **1. The AdSS shall ensure PCPs are:**

- a.** Providing initial and primary care services to assigned members;
- b.** Initiating, supervising, and coordinating referrals for specialty care and inpatient services; ~~and~~
- ~~b.c. m~~ **M**aintaining continuity of member care; ~~and~~
- ~~c.d.~~ Maintaining the member's medical record.

### **B. PROVISION OF INITIAL AND PRIMARY CARE SERVICES ~~Provision of~~ ~~Initial and Primary Care Services~~**

~~The PCP is responsible for rendering, or ensuring the provision of, covered preventive and primary care services to the member. These services include, at a minimum:~~

**1. The AdSS shall ensure PCP's are rendering and providing covered preventive and primary care services to members. These services include:**

~~a. Treatment of Health screenings,~~

~~b. Routine Illness,~~

~~a.c. Maternity services if applicable .~~

~~b.e. Immunizations, and~~

~~c.e. Early and Periodic Screening, Diagnosis and Treatment~~

~~(EPSDT) services, for members under age 21~~

**2. Adult health screening services**

**2. The AdSS shall ensure all members under the age of 21 receive health screening and services, to correct or ameliorate defects or physical and behavioral illnesses or conditions identified in an EPSDT screening, as specified in AHCCCS Medical Policy Manual (AMPM) Policy 430.**

3. The AdSS shall ensure members 21 years of age and over receive health screening and medically necessary treatment as specified in AMPM Chapter 300.

~~a. Medically necessary treatments for conditions identified in an EPSDT or adult health screening~~

~~b. a. Each member eligible for EPSDT must receive health screening/examination services as specified in Chapter 400 of this Policy Manual.~~

~~Behavioral Health Medications Prescribed by the PCP for the Treatment of Anxiety, Depression, Attention Deficit Hyperactivity Disorder (ADHD) and Opioid Use Disorder (OUD) The Division and its AdSS shall provide coverage for medically necessary, cost effective, and federally and state reimbursable behavioral health medications prescribed by a PCP when used to treat anxiety, depression (including postpartum depression), ADHD, and/or OUD, this includes the monitoring and adjustments of behavioral health medications. For OUD the PCP must refer the member to a behavioral health provider for the psychological and/or behavioral therapy component of the MAT model and coordinate care with the behavioral health provider.~~

**C. BEHAVIORAL HEALTH SERVICES PROVIDED BY THE PRIMARY CARE PROVIDER**

1. The AdSS shall cover medically necessary, cost-effective, federal and state reimbursable behavioral health services provided by a PCP within their scope of practice including monitoring and adjustments of behavioral medications.
2. The AdSS shall ensure prior authorization is obtained for antipsychotic class of medications if required.

**C.D. PRIMARY CARE PROVIDER CARE COORDINATION RESPONSIBILITIES**

**Primary Care Provider Care Coordination Responsibilities**

~~PCPs, in their care coordination role, serve as the referral agent for specialty and referral treatments and services provided to the members eligible for the Division who are assigned to them, and they attempt to ensure coordinated quality care that is efficient and cost effective. Coordination responsibilities include, but are not limited to:~~

1. The AdSS shall ensure PCPs in their care coordination role:
  - a. Serve as a referral agent for specialty and referral treatments; and



b. Ensure coordinated quality care that is efficient and cost effective.

2. The AdSS shall ensure the following PCPs coordination responsibilities are met:

a. Referring members to Providers or hospitals within the AdSS's network; ~~as appropriate, and if necessary,~~

~~a.b.~~ Referring members to Non-Contracting out-of-network specialty Providers if necessary;

c. Coordinating with the AdSS, or the appropriate entity for FFS members. Appropriate entities for coordination of services for FFS members include: ~~in prior authorization procedures for members to include:~~

i. DFSM for Members enrolled with a TRBHA,

ii. Tribal ALTCS for physical and behavioral health services for enrolled FFS members,

~~iii.~~ TRBHA for behavioral health services for enrolled FFS members.

d. Coordinating with a Member's:

- i. AdSS care manager,
- ii. Provider case manager,
- iii. Division Support Coordinator,
- iv. Behavioral Health Complex Team, and
- v. Division Nurses.
- a-e. Conducting or coordinating follow-up ~~(including~~  
~~maintaining records of services provided)~~ for referral  
services that are rendered to their assigned members by  
other Providers, specialty Providers, ~~and/or~~ hospitals.
- e-f. Coordinating the medical care of ~~m~~M~~e~~mbers assigned to  
them, including ~~at a minimum~~:
  - i. Oversight of medication~~drug~~ regimens to prevent  
negative interactive effects;
  - ii. Follow-up for all emergency services;
  - iii. Coordination of discharge planning post inpatient  
admission~~care~~;
  - iv. Coordination of services provided on a referral basis  
including; and

- 1) Speciality providers.
  - 2) Laboratory and Diagnostic Testing.
  - 3) Behavioral health services.
  - 4) Therapies including:
    - a) Occupational.
    - b) Physical, and
    - c) Speech language pathology.
  - 5) Durable Medical Equipment.
  - 6) Home health.
  - 7) Palliative care, and
  - iv-8) Hospice care.
- v. Oversight Assurance that care rendered by specialty Providers is appropriate and consistent with each member's health care needs; and-
- vi. Maintaining records of services provided by physical and behavioral health specialty Providers or hospitals.

g. Coordinating care for behavioral health medication

management to include:

- i. Require and ensure coordination of referral to the behavioral health Provider when a PCP has initiated medication management services for a member to treat a behavioral health disorder, and it is subsequently determined by the PCP that the member should be referred to a behavioral health Provider for evaluation or continued medication management.

- ii. Policies and procedures that address at a minimum the following:

- 1) Guidelines for PCP initiation and coordination of a referral to a behavioral health Provider for medication management;
- 2) Guidelines for transfer of a member with a Serious Mental Illness (SMI) or Serious

Emotional Disturbance (SED) designation for ongoing treatment coordination, as applicable;

3) Protocols for notifying entities of the member's transfer, including:

a) Reason for transfer,

b) Diagnostic information, and

c) Medication history.

4) Protocols and guidelines for the transfer or sharing of medical records information and protocols for responding to requests for additional medical record information;

5) Protocols for transition of prescription services, including:

a) Notification to the appropriate Providers of the Member's current medications and timeframes for dispensing and refilling medications during the transition period,

b) Ensuring that the Member does not run out of prescribed medication prior to the first appointment with the behavioral health Provider, allowing for at least a minimum of 90 days transition between Providers,

c) Forwarding all medical information, including the reason for transfer to the behavioral health Provider prior to the Member's first scheduled appointment.

v.6) AdSS monitoring activities to ensure that Members are appropriately transitioned for care and receive the services they are referred for.

**D. E. MAINTENANCE OF THE MEMBERS MEDICAL RECORDS** **Maintenance of the Members Medical Record**

**1. The AdSS shall** Refer to Division Medical Policy Manual, AMPM Policy 940, Medical Records and Communication of Clinical

~~Information,~~ for information regarding the maintenance of the Member's medical record.

2. The AdSS shall ensure behavioral health history and information are received from the following, even if the provider has not yet seen the assigned member:

a. An AHCCCS Contractor,

b. TRBHA, or

c. Other providers involved with the Member's behavioral health care.

~~1.3.~~ The AdSS shall ensure information is kept in an appropriately labeled file but shall be associated with the member's medical record as soon as one is established.

#### E.F. PRIMARY CARE PROVIDER ASSIGNMENT AND APPOINTMENT

##### STANDARDS ~~Primary Care Provider Assignment and Appointment Standards~~

1. The AdSS ~~must: Make provisions to~~ shall ensure ~~that~~ newly enrolled members are assigned to a PCP and notified after the

assignment within 12 ~~business calendar~~ days of the enrollment notification.

2. The AdSS shall ensure that PCPs under contract with them register with the AHCCCS Administration as an approved service Provider and receive an AHCCCS Provider ID number.

3. The AdSS shall maintain a current file of member PCP assignments.

4. The AdSS shall make PCP assignment rosters available to Providers within 10 business days of a Provider's request as specified in ACOM Policy 416.

5. The AdSS shall allow members to choose PCPs available within their network. The AdSS shall automatically assign a PCP if a member does not select a PCP.

6. The AdSS shall ensure the network of PCPs is sufficient to provide members with available and accessible service within the time frames specified in ACOM Policy 417.

7. The AdSS shall provide information to the member on how to contact the member's assigned PCP.



8. The AdSS shall develop procedures to ensure enrolled pregnant members are assigned to and are receiving appropriate care from a qualified physician, a PCP who provides obstetrical care, or are referred to an obstetrician as specified in AMPM Policy 410.

9. The AdSS shall assign members with complex medical conditions, who are age 12, and younger, to board certified pediatricians.

~~1.10.~~ The AdSS shall develop a methodology to assign members to Providers participating in value-based purchasing initiatives who have demonstrated high value services or improved outcomes.

~~AHCCCS allows licensed providers from several medical disciplines to qualify as PCPs. These medical disciplines include physicians and certified nurse practitioners in the specialty areas of general practice, family practice, pediatrics, internal medicine, and obstetrics and gynecology. In addition, physician assistants under physician supervision may serve as PCPs. There may be circumstances when the specialist is the PCP (e.g., a member is designated with special health care needs). AdSS are required to keep a~~

~~current file of member PCP assignments. Each AdSS must maintain accurate tracking of PCP assignments in order to facilitate continuity of care, control use, and obtain encounter data. The AdSS must allow the member freedom of choice of the PCPs available within its network. If the member does not select a PCP, the member will be automatically assigned to a PCP by the AdSS. The AdSS must ensure that their network of PCPs is sufficient to provide members with available and accessible service within the following time frames specified in the AdSS Operations Manual, Policy 417. The AdSS must develop procedures to ensure that newly enrolled pregnant members are assigned to a PCP who provides obstetrical care or are referred to an obstetrician, in accordance with Division Medical Policy Manual, Policy 410 Maternity Care Services. Women may elect to use a specialist in obstetrics and/or gynecology for well woman services.~~

**G. REFERRALS AND APPOINTMENT STANDARDS FOR SPECIALITY CARE**

- 1. The AdSS shall develop referral procedures for appropriate availability and monitoring of health care services that include the following:**
  - a. Utilization of the AdSS specific referral process.**

- b. Definition of who is responsible for initiating referrals, authorizing referrals, and adjudicating disputes regarding approval of a referral.
- c. Specifications addressing the timely availability of specialty referral appointments as specified in ACOM Policy 417.
- d. Specifications and procedures for linking specialty and other referrals to the financial management system, such as through the Prior Authorization process.

**G.H. PHYSICIAN ASSISTANT (PA) AND NURSE PRACTITIONER (NP) VISITS**

**IN A NURSING FACILITY** ~~Physician Extender Visits in a Nursing Facility~~

1. The AdSS shall cover ~~Initial and any or all subsequent visits to a Division-enrolled member in a Nursing Facility (NF) or Skilled Nursing Facility (SNF), made by a physician assistant-PA or NP extender, are covered services~~ when all of the following criteria are met:
1. ~~The physician extender is working in collaboration with a physician.~~

- a. The PA physician assistant extender or NP is not an employee of the facility, and.
- b. The source of payment for the nursing facility NF/SNF stay is Medicaid.

~~For the purposes of this policy, the Division defines "physician extenders" as nurse practitioners and physician assistants working within the scope of their practice.~~

#### H. I. MEDICAL RESIDENT VISITS UNDER SPECIFIC CIRCUMSTANCES

##### **~~Medical Resident Visits Under Specific Circumstances~~**

- ~~1.~~ The AdSS shall ensure ~~R~~Residents Physicians providing service without the presence of a ~~t~~Iteaching ~~p~~Physician must have completed ~~more than~~ six months of ~~(post graduate work ) of in~~ an approved residency program.

- ~~1.2.~~ The AdSS shall allow ~~M~~mmedical residents to ~~may~~ provide low-level evaluation and management services to members in designated settings without the presence of the teaching physician.

#### **~~I. Referrals and Appointment for Specialty Care~~**

~~The AdSS must have adequate referral procedures in place in order to ensure appropriate availability and monitoring of health care services.~~

~~Referral procedures must include:~~

- ~~1. Use of an AdSS specific referral form~~
- ~~2. Definition of who is responsible for writing referrals, authorizing referrals, and adjudicating disputes regarding approval of a referral (referral to either a contracting or non-contracting provider)~~
- ~~3. Specifications addressing the timely availability of specialty referral appointments as specified in AdSS Operations Manual, Policy 417:~~
  - ~~a. Specifications and procedures for linking specialty and other referrals to the financial management system; such as through the prior authorization process.~~

~~Refer to Division Medical Policy Manual, Policy 420, Family Planning, for family planning services information.~~

Signature of Chief Medical Officer:

Draft Policy for Public Comment